

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: George Mazereeuw  
Serial No.: 09/681,929  
Filed: June 27, 2001  
For: METHODS AND CONTROL  
UNIT FOR TEMPERATURE  
CONTROLLED DEVICES

Group No.: 3744  
Examiner: Wayner, William E.

Mail Stop: Non-fee amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
APR 03 2004  
TECHNOLOGY CENTER R3700

TRANSMITTAL

- Transmitted herewith is:  
Amendment Transmittal which includes Certificate of Express Mail (3 pgs.) In Duplicate  
Amendment in response to Office Action dated February 25, 2004 (13 pgs.)  
Annotated Marked-Up Drawings, Fig. 1-Fig. 4, (2 sheets)  
Replacement Sheet Drawings, Fig. 1-Fig. 4, (2 sheets)  
Return Postcard

STATUS

- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV298646953US  
Date: April 26, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Non-fee amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patrick W. Rasche, Reg. No. 37,916

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:        | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|---------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month  | \$ 110.00                      | \$ 55.00                            |
| <input type="checkbox"/> second month | \$ 420.00                      | \$ 210.00                           |
| <input type="checkbox"/> third month  | \$ 950.00                      | \$ 475.00                           |
| <input type="checkbox"/> fourth month | \$1,480.00                     | \$ 740.00                           |
| <input type="checkbox"/> fifth month  | \$2,010.00                     | \$1,005.00                          |

Fee Due \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|---|------------------------------|--|----|--|
| TOTAL INDEP.                                | MINUS   |   | =                            | x \$9 = \$                             |    | x \$18 = \$  |
|   | MINUS   |   | =                            | x \$43 = \$                            |    | x \$86 = \$  |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |   |                              | + \$145 = \$                           |    | + \$290 = \$   |
|   |   |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$                           |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

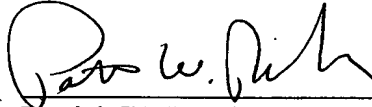
5. Attached is a check in the sum of \$\_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



Patrick W. Rasche  
Reg. No. 37,916  
ARMSTRONG TEASDALE LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102  
314-621-5070